

**REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION**

_____ City Attorney
_____ Bureau of Fire Prevention
_____ Health Dept.

DATE 08/08/01

RETURN BY 8/15/01

CATERER X

NON-CATERER X

APPLICANT: **DESTINY PRODUCTIONS INC**

APPLICANT'S ADDRESS: **803 Q STREET**

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : **DOCK ON W SIDE OF
PORT HURON BLDG. 803 Q STREET**

DATE(S) OF EVENT: **8/25/01; 9/1/01; 9/8/01; 9/15/01; 10/6/01; 10/20/01; 10/27/01; 11/10/01**

TIME(S) OF EVENT : **8 AM TO 8PM**

TYPE OF ACTIVITY: **PREGAME PARTY**

DETAILS ON ATTACHED APPLICATION.

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RECOMMENDATION OF APPROVAL OR DENIAL

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 X APPROVED

CONDITIONS ID'S TO BE CHECKED; AREA TO BE SEPARATED FROM PUBLIC BY
A FENCE OR OTHER MEANS; PROPER SECURITY; NO LIQUOR LAW VIOLATIONS.

_____ DENIED

REASON(S) FOR _____

 [Signature] #843
Signature

 8-9-01
Date

(If needed, use back for additional space)

Special Designated License Application
Supplemental Form

For Outdoor
Events

The Special Designated License process is not intended to be used as a vehicle to expand the existing licensed premise.

Name of the Event: HUSKER TAILGATE EVENT

Applicant and Sponsoring Organization or Person (if applicable): Darting Productions Inc

Date of the Event: 8/25, 9/1, 9/8, & 9/15

Time of the Event: 8 AM TO 8 PM
3 HOURS prior to KICKOFF

Has the applicant applied for, and received liquor liability insurance? ☒ yes ☐ no
COVERED BY GENERAL LIABILITY INS

Number of persons expected to attend: 200 Number of persons under 21 expected: 10 Is the event open to the public? ☐ yes ☒ no

How will you ensure that minors will not be served or consume beverages containing alcohol? SECURITY GUARD CHECKING IDs AND CLEARLY MARKING MINORS - ADDITIONAL STAFF MONITORING CROWD.

Will food be served? ☒ yes ☐ no If yes, please list food to be served: BBQ PORK, HOTDOGS, Burgers, SALADS, and CHIPS

Will non-alcoholic beverages be served? ☒ yes ☐ no If yes, please list non-alcoholic beverages to be served: WATER, SODA, COFFEE

Please identify the beverages containing alcohol that will be served: ☐ wine ☒ beer
☐ distilled spirits Will this be a cash or complimentary bar? ☐ cash ☒ complimentary

Who will serve the beverages containing alcohol? STAFF

Have the designated servers received responsible beverage service training? ☒ yes ☐ no

Will there be a charge for admission? ☐ yes ☒ no

In the last twelve months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ yes ☒ no
If so, please explain _____

APPLICATION FOR SPECIAL DESIGNATED LICENSE
NEBRASKA LIQUOR CONTROL COMMISSION
P.O. Box 95046, Lincoln NE 68509

30?

A1-087628

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

- All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission
A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
LOCAL APPROVAL must be included with this application
A Signed Statement from Local Police Chief or County Sheriff (question #12)
NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS

Type of Beverage(s) to be served: ☒ Beer ☐ Wine ☐ Distilled Spirits
Status of the Applicant (check one) ☐ Public
☐ Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☒ Retail ☐ Service
Corporation Corporation Museum Corporation Corporation Corporation Corporation Licensee Corporation

Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number
(City, State, County Number, Zip Code) And Class (Example C/K) 41657

DESTINY PRODUCTIONS INC
803 Q ST; LINCOLN, NE 68508

CLASS I

Address or location of premises to be covered by license, (City, County Number, Zip Code)
DOCK ON WEST SIDE OF PORT HURON BLDG. 803 Q ST; LINCOLN, NE, 68508

Is this PREMISE currently licensed under the Nebraska Liquor Control Act? ☐ YES ☒ NO

Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
BAYAR FAMILY PARTNERSHIP (OWNER) 633 S 112; LINCOLN, NE

Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

PAM FECHT 403-9150
JENNIFER CATON 403-9451

DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
8/25 - 9/1 - 9/12 - 9/15

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:
NO ALTERNATE LOCATION

Time(s) of event (example 8am to 1am, this is considered one day)

FROM: 8 AM TO: 8 PM 3 hours prior to each home football game

Describe the Type of Activity to be carried on during the time period for which the license is requested.

Provide an estimated number of attendees at this event 200-250. If the number of attendees is over 250 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.

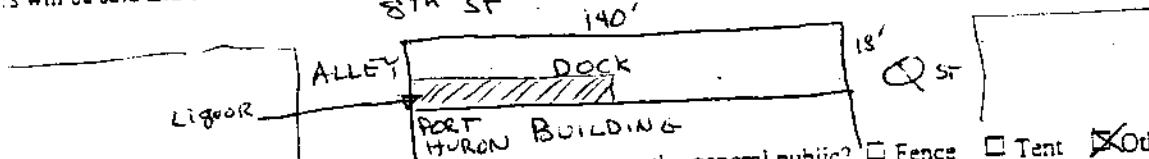
List the number of SDL's that you have applied for at this specific location in the last six months. 0

CONTINUE ON BACK

**NEBRASKA LIQUOR CONTROL COMMISSION
APPLICATION FOR SPECIAL DESIGNATED LICENSE
UNDER NEBRASKA LIQUOR CONTROL ACT**

4. Description of the premises: ☐ Inside Building ☒ Outdoor Area

Dimensions of area to be covered by license: 140' x 18'. Please draw in the space provided below, the area where liquors will be sold and consumed.
LENGTH WIDTH (In feet) \rightarrow N



If outdoor area, how will premises be separated from areas open to the general public? ☐ Fence ☐ Tent ☒ Other (if other, please explain)
Permanent Metal Railing, Gates will be fenced ☒ YES ☐ NO

5. Is the premises to be covered by the license located within the city/village limits? ☒ YES ☐ NO

6. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons or for veterans, their wives or children? ☐ YES ☒ NO

7. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.
Purchased from Beer Distributor(s)

8. Will the premises to be covered by the license comply with all Nebraska sanitation laws? ☒ YES ☐ NO

9. Are there separate toilets for both men and women? ☒ YES ☐ NO
Yes in nearby buildings

10. Other information or requests by the applicant:

11. Will there be any games of chance operating during the event? ☐ YES ☒ NO
NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

12. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

Sign here [Signature]
Authorized Representative/Applicant

SAC/PROS
Title

8/8/11
Date

Sign here [Signature]
Supervisor

Marketing Consultant
Title

8/8/11
Date

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

APPLICATION FOR SPECIAL DESIGNATED LICENSE
NEBRASKA LIQUOR CONTROL COMMISSION
P.O. Box 95046, Lincoln NE 68509

809

A1-087629

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

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Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission
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A Signed Statement from Local Police Chief or County Sheriff (question #12)
NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS

Type of Beverage(s) to be served: ☒ Beer ☐ Wine ☐ Distilled Spirits

Status of the Applicant (check one)

Public

☐ Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☒ Retail ☐ Service
Corporation Corporation Museum Corporation Corporation Corporation Licensee Corporation

Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number
(City, State, Country Number, Zip Code) And Class (Example C/K)

41657

CLASS I

DESTINY PRODUCTIONS INC
803 Q ST; LINCOLN, NE 68508

Address or location of premises to be covered by license, (City, County Number, Zip Code)

DOCK ON WEST SIDE OF PORT HURON BLDG. 803 Q ST; LINCOLN, NE, 68508

Is this PREMISE currently licensed under the Nebraska Liquor Control Act? ☐ YES ☒ NO

Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.

BAYER FAMILY PARTNERSHIP (OWNER) 633 S 112; LINCOLN, NE

Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

PAM FECHT 403-9150
JENNIFER CATON 403-9451

DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)

8/25 - 9/11 - 9/18 - 9/15

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:

NO ALTERNATE LOCATION

Time(s) of event (example 8am to 1am, this is considered one day)

FROM: 8 AM TO: 8 PM 3 HOURS PRIOR TO EACH HOME FOOTBALL GAME

Describe the Type of Activity to be carried on during the time period for which the license is requested.

Provide an estimated number of attendees at this event 200 - 250. If the number of attendees is over 250 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.

List the number of SDL's that you have applied for at this specific location in the last six months.

CONTINUE ON BACK

PLEASE TYPE OR PRINT
APPLICANT MUST COMPLETE
ALL SECTIONS OF THIS FORM

APPLICATION FOR SPECIAL DESIGNATED LICENSE
NEBRASKA LIQUOR CONTROL COMMISSION
P.O. Box 95046, Lincoln NE 68509

810

A1-087630

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☐ Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☒ Retail ☐ Service
Corporation Corporation Museum Corporation Corporation Corporation Licensee Corporation

Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number
(City, State, County Number, Zip Code) And Class (Example C/K) 41657

DESTINY PRODUCTIONS INC
803 Q ST; LINCOLN, NE 68508

CLASS I

Address or location of premises to be covered by license, (City, County Number, Zip Code)
DOCK ON WEST SIDE OF PORT HURON BLDG. 803 Q ST; LINCOLN, NE, 68508

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PAM FECHT 403-9150
JENNIFER CATON 403-9451

DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)

8/25 - 9/1 - (9/8) - 9/15

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APPLICATION FOR SPECIAL DESIGNATED LICENSE
NEBRASKA LIQUOR CONTROL COMMISSION
P.O. Box 95046, Lincoln NE 68509

811

A1-087631

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DESTINY PRODUCTIONS INC
803 Q ST, LINCOLN, NE 68508

CLASS I

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PAM FECHT 483-9150
JENNIFER CATON 483-9451

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